

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: [REDACTED]

FIRST AND MIDDLE NAME(S): CAROLYN ALICE
LAST NAME(S): TOMICH

COUNTY OF DEATH: KING
DATE OF DEATH: JUNE 27, 2017
HOUR OF DEATH: 11:35 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: 1940
BIRTHPLACE: CENTRALIA, WA

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: [REDACTED]

RELATIONSHIP: SON

ADDRESS: [REDACTED]

CAUSE OF DEATH:

A: SENILE DEGENERATION OF THE BRAIN

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT HIP FRACTURE DUE TO BLUNT FORCE INJURY, HYPERTENSION, GASTROINTESTINAL BLEEDING, MALIGNANT NEOPLASM OF THE MOUTH

DATE OF INJURY: JUNE 01, 2017

TIME OF INJURY: 03:00 AM

INJURY AT WORK: UNKNOWN

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 12844 MILITARY ROAD S.

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98168

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: FALL OUT OF BED

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER
CITY, STATE, ZIP: BURien, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]
CITY, STATE, ZIP: RENTON, WA 98055
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: WALTER WAGNER
MOTHER/PARENT: DOROTHY NUGENT

METHOD OF DISPOSITION: [REDACTED]
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: LAKWOOD, WASHINGTON
DISPOSITION DATE: JULY 07, 2017

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER

ADDRESS: 3005 BRIDGEPORT WAY W
CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466
FUNERAL DIRECTOR: JAIME N. MARTEN

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD
TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 NINTH AVENUE, BOX 359792

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

DATE SIGNED: JUNE 30, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: [REDACTED]

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN

DATE RECEIVED: JULY 07, 2017